Smyrna Landing Road **SMYRNA DE, 19977** Phone No. 302-653-9261

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name: WOLF, JACK W

SBI# : 00093532 : DCC

Grievance # : 7001 Grievance Date: 09/13/2004

Institution

Status : Resolved

Resolution Status: Level 3

: Individual Category **Resol. Date** : 05/13/2005

Grievance Type: Health Issue (Medical)

Incident Date : 07/01/2004 Incident Time:

IGC

: Merson, Lise M

Housing Location: Bldg C, Tier C, Cell L5, Bottom

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I have an injured left hand and arm from being hit with a basketball, nothing has been done, just

an x-ray was taken. I have an injured back for over a month I've been in pain. Nothing has been done. They told me that they were going to take an x-ray between 8/28/04 and 8/30/04. They have

lied and have not taken an x-ray. I've been in pain for 2 months with my arm and back.

2 4 5 mm

Remedy Requested : If the institution gives inmate casket balss to throw at other inmates who are not playing then the

institution is liable for injuries. I hurt my back on a ladder that was put on a bunk bed upside down.

the institution is liable for that also.

INDIVIDUALS INVOLVED

SBI# Name Type

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance: YES Date Received by Medical Unit: 09/22/2004

Investigation Sent To : Hastings, Terry L Investigation Sent: 09/22/2004

Grievance Amount:

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Smyrna Landing Road **SMYRNA DE, 19977** Phone No. 302-653-9261

INFORMAL RESOLUTION

	OFFENDE	R GRIEVANCE IN	NFORMATION			
Offender Nam	e:WOLF, JACK W	SBI#	: 00093532	Institution : DCC	_	
Grievance #	: 7001	Grievance Date	: 09/13/2004	Category : Individual		
Status	: Resolved	Resolution State	us: Levei 3	Inmate Status :		
Grievance Typ	e: Heaith Issue (Medical)	Incident Date	: 07/01/2004	Incident Time :		
IGC	: Merson, Lise M	Housing Location	on :Bldg C, Tier C,	Cell L5, Bottom		
	INF	ORMAL RESOLI	UTION			
Investigator N	ame : Hastings, Terry L		Date of R	Report 09/22/2004		
Investigation Report: See Dr. Rogers wk of 11/15/04. x-rays of left hand and shoulder completed on 8/19/04. showed no evidence of fracture, dislocation or abnormality. Refused to sign						
Reason for Re	ferring:				f	

Offender's Signatu	ıre:
Date	:
Witness (Officer)	:

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GRIEVANCE INFORMATION - IGC						
	OFFENDER GRIEVANCE INFORMATION					
Offender Name: WOLF, JACK W Grievance #: 7001 Status: Resolved Grievance Type: Health Issue (Medical) IGC: Merson, Lise M	SBI# : 00093532 Institution : DCC Grievance Date : 09/13/2004 Category : Individual Resolution Status : Level 3 Inmate Status : Incident Date : 07/01/2004 Incident Time : Housing Location : Bldg C, Tier C, Cell L5, Bottom					
Stadio I Desciden	IGC					
Medical Provider: Comments:	Date Assigned					
☑ Forward to MGC	□ Warden Notified					
☐ Forward to RGC	Date Forwarded to RGC/MGC: 12/20/2004					
☐ Offender Signature Captured	Date Offender Signed :					

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GRIEVANCE INFORMATION - Appeal

OFFENDER GRIEVANCE INFORMATION

Offender Name: WOLF, JACK W SBI# : 00093532 Institution : DCC

: 7001 : Individual Grievance # Grievance Date: 09/13/2004 Category

: Resolved Resolution Status: Level 3 Inmate Status: **Status** Grievance Type: Health Issue (Medical) **Incident Date** : 07/01/2004 Incident Time:

IGC : Merson, Lise M Housing Location: Bldg C, Tier C, Cell L5, Bottom

APPEAL REQUEST

No appeal returned.

Appeal arrived 02/23/05

Myleft hand was hit with a basketball. My finger and arm was injured. Thay did x-ray and said nothing is broken. My finger and shoulder still hurt, something is wrong with my arm and hand. I injured my back 3 times from falling off top bunks. In the past 2 years all that was done was 1 x-ray. Th4e x-ray said that my back looked abnormal, there is still something wrong with my lower back I'm still in pain every day with my arm and back. I also have a tumor that keeps getting larger. I did not have this tumer or these injuries whan I ws brought in this prison. This tumer is caused by low grade food anf this bad tasting water. I'm 55 years old and I can not get enough calcium for my bones.

REMEDY REQUEST

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Smyrna Landing Road **SMYRNA DE, 19977** Phone No. 302-653-9261 Page 5 of 7 Date: 12/16/2005

GRIEVANCE INFORMATION - BGO

OFFENDER GRIEVANCE INFORMATION

Offender Name: WOLF, JACK W SBI# : 00093532 Institution : DCC

Grievance # : 7001 Grievance Date: 09/13/2004 : Individual Category

: Resolved Inmate Status: **Status** Resolution Status: Level 3

Grievance Type: Health Issue (Medical) **Incident Date** : 07/01/2004 Incident Time: **IGC** : Merson, Lise M Housing Location: Bldg C, Tier C, Cell L5, Bottom

REFERRED TO

Due Date: Referred to: Name:

Type of Information Requested:

DECISION

Date Received: 02/22/2005

Decision Date: 03/17/2005 Vote: Deny

Comments

I recommend that FCM meet again with the Grievant to discuss his injuries, x-rays, and treatment plan. The grievant should

utilize the sick call procedure to notify FCM of any changes in his condition or lack of progress.

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GRIEVANCE INFORMATION - Bureau Chief

OFFENDER GRIEVANCE INFORMATION

Offender Name: WOLF, JACK W SBI# : 00093532 Institution : DCC

: 7001 Grievance # Grievance Date : 09/13/2004 Category : Individual

Resolution Status: Level 3 : Resolved Inmate Status: **Status** Grievance Type: Health Issue (Medical) Incident Date : 07/01/2004 **Incident Time:**

IGC : Merson, Lise M Housing Location: Bldg C, Tier C, Cell L5, Bottom

DECISION

Decision Date: 05/10/2005 Vote: Deny

Comments

I concur with the recommendation and logic of the BGO.

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GRIEVANCE INFORMATION - MGC

OFFENDER GRIEVANCE INFORMATION

Offender Name: WOLF, JACK W

SBI#

: 00093532

Institution : DCC

Grievance #

: 7001

Category

: Individual

Grievance Date: 09/13/2004

Status

: Resolved

Resolution Status: Level 3

Inmate Status:

IGC

Grievance Type: Health Issue (Medical) : Merson, Lise M

Incident Date : 07/01/2004 Incident Time:

Housing Location: Bldg C, Tier C, Cell L5, Bottom

MGC

Date Received : 12/20/2004

Date of Recommendation: 02/18/2005

GRIEVANCE COMMITTEE MEMBERS

Person Type SB		Name	Vote			
Staff	<u> </u>	Munson, Amy	Deny			
Staff		Lyons, April	Deny			
Staff	· 	Rickards, Suesann	Deny			
Staff		Merson, Lise M	Abstain			

VOTE COUNT

Uphold: 0

Deny: 3

Abstain:1

TIE BREAKER **Person Type** SBI# Name

RECOMMENDATION

Vote

Hearing held 2/15/05. After review of the x-rays this panel agrees with the decision of the level one hearing. X-rays are normal. There are no other issues that need to be addressed at this time.

Appeal provided.